

HOUSEHOLD APPLICATION FOR FREE MILK/MEAL, REDUCED-PRICE MEALS, AND SUMMER EBT

COMPLETE ONE APPLICATION PER HOUSEHOLD, PER SCHOOL DISTRICT
See instructions included with this form

School Use Only
☐ Check if Error Prone

PART 1 List names of all Household Members (anyone who is living with you and shares income and expenses, even if not related, including you.) Attach another sheet of paper if you need space for more names.

Household Member First, Middle Initial, Last	If the household member is a student, include school name and grade level School Name	Grade	Do any household members (including you) participate in SNAP or TANF? NO → Go to STEP 2 YES → Write case number and proceed to STEP 4 SNAP or TANF Case Number*	Check if Foster Child**
				☐
				☐
				☐
				☐
				☐
				☐

* **Note regarding Medicaid:** Medicaid case numbers are not accepted on the household application. If any household members receive Medicaid – and were not directly certified for free meals – you **MUST** provide income information on PART 3 of this application.

** A foster child is the legal responsibility of a welfare agency or court.

PART 2 Homeless, Migrant, Runaway, or Head Start (Categorically Eligible)

Check all that apply:

☐ Homeless
 ☐ Migrant
 ☐ Runaway
 ☐ Head Start

Signature of your school Homeless Liaison,
Migrant Coordinator, or Head Start Director

Date

PART 3 Total Household Gross Income (before deductions). You must tell us how much income is received and how often.

List all household members from STEP 1 (including yourself) who receive income. For each source of income, report the total amount of gross income (before taxes and deductions) in whole dollars (no cents) and tell us how often the income is received – *every week, every 2 weeks, every month, twice a month, yearly, etc.*

Name of Household Member who Receives Income	Earnings from Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (Worker's Comp., SSI, Unemployment, etc.)
	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____
	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____
	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____
	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____
	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____

PART 4 Signature and Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the box if they do not have a social security number.

Social Security Number: X X X - X X - _____ OR ☐ I do not have a social security number

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Printed Name of Adult Household Member _____

Signature of Adult Household Member _____

Date _____

PART 5 Contact Information (optional)

Work Telephone Number
(include area code) _____

Home Telephone Number
(include area code) _____

Home Address (Number, Street, City, State, Zip Code) _____

PART 6 Children's Ethnic and Racial Identities (optional)

Mark one ethnic identity:

☐ Hispanic/Latino

☐ Not Hispanic/Latino

Mark one or more racial identities:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

THIS SECTION IS FOR SCHOOL USE ONLY**INITIAL DETERMINATION**

TOTAL INCOME \$ _____ NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____

Per: Week Every 2 Weeks 2x per Month Month Year DATE: _____

ANNUAL INCOME CONVERSION:

LEAs must annualize income ONLY when multiple incomes at varying frequencies are reported.

Weekly \$ _____ x 52 = \$ _____	Every 2 Weeks \$ _____ x 26 = \$ _____	2x per Month \$ _____ x 24 = \$ _____	Once a Month \$ _____ x 12 = \$ _____
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Total Annual Income \$ _____

☐ **FREE**

Based On:

- ☐ Homeless ☐ SNAP or TANF
☐ Migrant ☐ Foster Child
☐ Runaway ☐ Household
☐ Head Start Income

☐ **REDUCED**

Based On:

- ☐ Household Income

☐ **DENIED**

Reason:

- ☐ Income too high
☐ Incomplete Application
☐ Non-Qualifying SNAP/TANF

☐ **VERIFICATION**

(as applicable)

- ☐ Verification Sample
☐ Verified for Cause

Date Withdrawn _____

Signature of Determining Official _____

Date _____

Signature of Confirming Official _____

Date _____

Signature of Verifying Official _____

Date _____